

## Identifying and Leveraging Resources

### **This chapter will cover:**

- 1. Leveraging resources by integrating oral health activities with other health activities**
- 2. General categories of resources that might be needed to accomplish oral health activities in HP 2010 plans**
- 3. Tips and resources for fundraising and grantwriting**
- 4. Identifying funding opportunities at the national, state and local levels**
- 5. Ways to maintain resources.**

Creating a great HP 2010 plan is fruitless unless there are resources to implement the activities. Identifying and securing resources is a constant challenge for states, territories, tribes and communities, especially when competing for limited dollars. Funding, however, isn't the only resource that is needed. This chapter will present opportunities for identifying the resources you will need throughout various stages of your HP 2010 plan and show how to use them to leverage additional resources. Looking at your draft plan in its entirety, including potential timelines for accomplishing activities and objectives, will help you frame appropriate questions about resources.

### *Tips*

- ⊕ Ask the right questions early
- ⊕ Recognize that HP 2010 plans require a variety of resources
- ⊕ Make a wish list of resources you desire
- ⊕ Recognize that money isn't everything
- ⊕ Capitalize on what you already have
- ⊕ Recognize that you can't get it if you don't ask for it
- ⊕ Spread responsibilities for securing resources among the coalition members
- ⊕ Don't forget to plan for sustainability
- ⊕ Coordinate your efforts with other initiatives



## Leveraging Resources by Integrating Oral Health With Other Health Priorities

Oral health program budgets often suffer because they have to compete with programs for diseases such as cancer and heart disease that have high mortality rates. Out of frustration, some dental public health professionals have adopted the phrase “What about dental...?” and wear buttons displaying the question to highlight that oral health is often left out of health plans and discussions. When Dr. David Satcher was the Surgeon General, he emphasized the need to integrate oral health efforts with other health activities and to show how oral health is integral to overall health. Surgeon General Richard Carmona has reinforced the concept of the important linkages between oral health and general health and well-being. This integration creates additional opportunities to secure resources, even though they may not be earmarked for oral health efforts. The challenge is to identify opportunities to point out these relationships and to latch on to activities that already receive funding or grants that could include some type of oral health focus.

Although oral health is not one of the ten leading health indicators for HP 2010, there are oral health links to almost all of the indicators, especially tobacco use, obesity, substance abuse, injury and violence, and access to health care. Talking points about potential links with some of the health indicators are included in the Resources section.

In December 2001, during a HP 2010 conference in Washington, DC, Dr. Dushanka Kleinman, Chief Dental Officer, US Public Health Service, likened the process of building resources through partnerships to “currency,” citing the concepts of “acquisition,” “portfolio management,” “purchasing power,” and “expected/projected return on investment” as a new way to view oral health partnerships. This is a useful framework to use when attempting to leverage resources and market the HP 2010 plan or any oral health plan to the business community.

## Categories of Resources

Two worksheets are included in the Resources section as planning tools. *Potential Strategies to Ensure Resources for Planning and/or Implementation* looks at options that may be important to explore and provides a column for prioritization. *Plan for Securing Resources* is a table that includes columns for listing potential resources and strategies for securing them, including who is responsible and the projected timelines. A template and a sample are included.

## Human Resources

Chapter 2 outlined models for creating HP2010 team and coalitions. No matter what model you are using, people are needed for a variety of roles. Creating coalitions of people who will volunteer to perform one or more roles is crucial. Anyone in the community can play a valuable role. The more involvement people have, the more they will own the process and become invested in the outcomes.

Avenues to locate resource people through existing organizations include schools and colleges, health departments or other governmental agencies, cooperative extension programs, non-profit groups, small businesses, large corporations, private consultants, civic or service groups, professional associations (e.g., dental societies, primary care associations), TV or radio stations, newspaper offices, churches or other faith-based organizations, parent organizations, foundations, health clinics, hospitals, recreation or sports organizations, etc. The possibilities are endless. Other ideas for gaining participation were covered in Chapter 2. Some agencies will provide in-kind support by incorporating HP 2010 activities into employees work responsibilities or allow paid time off to participate. If specific skills are needed, but no volunteers are available, money for staff or consultants will need to be included in the budget. Some states have paid staff who oversee all statewide HP 2010 efforts, while local efforts frequently rely on volunteer coordinators.



Potential roles or skill areas include:

- ✦ Coordinating or chairing workgroups or coalitions
- ✦ Facilitating workgroups, focus groups or other meetings
- ✦ Providing clerical and administrative support
- ✦ Designing health programs
- ✦ Developing and keeping track of budgets
- ✦ Designing and implementing evaluation strategies
- ✦ Identifying data collection methods
- ✦ Collecting data in a variety of ways
- ✦ Analyzing and presenting data in many formats
- ✦ Providing technical/subject expertise
- ✦ Selecting and using information systems
- ✦ Preparing health promotion materials
- ✦ Marketing HP 2010 objectives and activities
- ✦ Creating graphic designs for HP 2010 materials
- ✦ Writing and editing a variety of health communication documents
- ✦ Fundraising
- ✦ Planning conferences
- ✦ And lots more!

## Equipment and Supplies

This category includes a whole range of items such as copy and fax machines, AV equipment, computers, office supplies, health education materials, dental equipment, preventive dental supplies, etc. Some may be needed throughout the initiative, while others, such as some dental supplies, may only be needed when you begin implementing activities to accomplish the objectives. Those needed for dental activities will vary by the type of activity, e.g., placing dental sealants, oral cancer exams, dental screenings, or fabrication of mouthguards. Coalition members may be able and willing to use equipment or supplies provided through their own agency, business, or home.

### Tips to Keep Costs Reasonable

- ✦ Generate a list to solicit donations for specific items (e.g., dental products)
- ✦ For items you need in large amounts, partner with others to submit larger orders that qualify for bulk discounts
- ✦ Compare prices over the Internet
- ✦ Check with outlet stores for overstocked or discounted items
- ✦ Consider renting/leasing equipment if it is needed on a short-term basis or only periodically.

Beware of donations of used or outdated equipment or supplies. Such donations should be reviewed carefully to see if they meet your needs without compromising the quality of your activities or outcomes.

## Meeting Facilities and Other Space Needs

Various venues will be needed throughout the Healthy People 2010 initiative. Small meeting rooms can usually be found at no charge through agencies where team members work. Community-owned buildings such as libraries, schools, town offices or other community centers often have public meeting rooms. Universities and foundations sometimes make their boardrooms, auditoriums or conference rooms available to non-profit groups or coalitions. If meals are held in conjunction with meetings, hotels or restaurants may not charge a fee for the meeting space.

Rotating meetings among venues may create more visibility for HP 2010 activities and reduce the burden on any one agency or facility. Some clinically-oriented activities such as dental screening, oral cancer exams or fluoride varnish applications can usually be done in most any setting as they do not need special equipment. Other clinical procedures such as placement of dental sealants, require access to good lighting, sinks, and space for portable equipment. Schools, hospital, clinics, or private practitioners often donate use of their clinical or laboratory rooms for a limited period of time. Many HP 2010 activities can be integrated into already scheduled

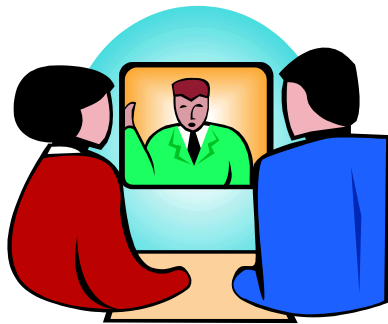
programs such as fairs, pow-wows, Special Olympics, or other sporting events that occur outdoors.

## Marketing/Advertising

Involve members of the “media” as coalition members to help market your efforts to the public. Some newspapers or radio stations might provide free or reduced cost advertising. Using public interest stories throughout various stages of the initiative will help to recruit members and secure other resources, as well as provide an avenue for education and recognition of volunteer efforts. Local newspapers, public TV stations and public radio stations are important vehicles for making Healthy People 2010 more meaningful at the local level. More marketing strategies are covered in Chapter 5.

## Communication and Travel

Rapid advances in information technology (IT) make communicating with coalition members and the general public relatively easy, fast, and cost-effective. Scheduling meetings, posting agendas, soliciting opinions or assistance, and distributing minutes can be done in a timely and inexpensive manner. Laptop computers and software programs for graphics have made meeting reports and presentations easier and more interesting. Some meetings, especially in rural areas, may be held via teleconferencing or videoconferencing. For example, oral health coalitions in Montana, Idaho, and North Dakota recently held dental summits and Head Start oral health



forums using satellite conferencing to solicit widespread participation. This promotes inclusiveness of community representatives, especially in remote areas or during inclement weather or agency-imposed travel restrictions. Some of these IT components may be available to coalitions on an “in-kind” basis from agencies so that the need for funding for travel and staff time is reduced. Otherwise, funding will be needed to support ongoing communication. HP 2010 planners need to weigh the pros, limitations, and costs of different communication mechanisms when developing budgets and fundraising plans.

## Fundraising

Fundraising always is a challenge. Someone needs to coordinate all fundraising activities for HP 2010 to assure that efforts are appropriate and productive. Fundraising includes 1) soliciting donations; 2) creating community-based events that raise money; and 3) writing grants. Make sure someone in your coalition has these skills, hire someone who does, or ask for technical assistance from an agency or individual with a successful track record in securing resources.

Use the worksheet *Plan for Securing Resources* to identify what resources you will need to include in a budget and in a specific fundraising plan. The budget should be reviewed on a

regular basis, so you can track income and expenses. You may need to adjust your budget depending on how successful you are in soliciting volunteers and in fundraising.

## Donations and Sponsorships

Donations can be solicited in a variety of ways and for a variety of purposes. For example, local businesses can be contacted to donate food, office supplies, advertising or media coverage for meetings and conferences. Dental equipment suppliers and dental products manufacturers can be contacted for contributions of new or used equipment, oral hygiene supplies such as toothbrushes, toothpaste or mouthguards, and supplies such as dental sealant material or disposable mirrors.

The ADTA and member organizations support a number of causes in the dental community and sponsor meetings. ADTA member companies donate dental equipment and supplies to Special Olympic Training Centers, sponsor a DentaCheque dental product coupon book as a fundraising tool for the National Foundation of Dentistry for the Handicapped, and support the National Museum of Dentistry in Baltimore, MD. Members also regularly donate oral hygiene supplies and dental education materials to community-based programs through their sales and marketing representatives. Companies that have traditionally supported public health endeavors include John O. Butler Company, Procter and Gamble Company, Johnson and Johnson, Colgate Oral Pharmaceuticals, Henry Schein Company, Dentsply Corporation, DNTLworks Equipment Corp, Stone Pharmaceuticals, Aseptico International, and Omni Oral Pharmaceuticals and others. Contacts are generally made through the regional sales representatives. Most private dental practitioners and community dental clinics have contact information for the sales representatives from the various companies. Some national initiatives from the manufacturers are focused on Healthy People 2010 objectives.

The Crest Division of Procter and Gamble is sponsoring Healthy Smiles 2010, in partnership with Boys & Girls Clubs of America, Rosie's for All Kids Foundation, and members of the dental community. This program includes oral health education for children grades K through 3 and their families at Boys & Girls Clubs and in schools, public service campaigns, and screenings and treatment, including using mobile dental vans and the resources of dental professionals in dental schools.

Colgate-Palmolive, in conjunction with the American Dietetic Association Foundation, offered financial support of up to \$15,000 over a two-year period to support doctoral research in nutrition and oral health/dental education. This is an important new area of focus for this group, and a good example of ways to integrate oral health into related research areas.

Universities may be willing to sponsor meetings. Donations can be solicited through mail campaigns, personal contact, flyers, telethons, or special events. Some HP 2010 coalitions have sought nonprofit status and exemption from federal income tax because it allows them to accept tax deductible donations and also increases eligibility for certain types of grants. A coalition in South Carolina became an independent 501(c)(3) organization to serve as an umbrella organization for single purpose coalitions and to link their activities. Information on how to

establish a nonprofit organization can be accessed online at:  
[www.1800net.com/nprc/index.html](http://www.1800net.com/nprc/index.html).

## Grantwriting

Grantwriting is both a science and an art. Grantwriting tips are included in the Resources section. Successful grants for HP 2010 activities require: 1) people with a good scientific understanding of the activities they are proposing; 2) someone who can translate those ideas into a concise, well written document that can be understood by reviewers; 3) people who can manage all aspects of the grant if it is funded; and 4) people who know how to evaluate and describe the effectiveness of grant activities and outcomes. Grantsmanship requires teamwork. Many excellent resources are available to help individuals and teams increase skills in grantsmanship.

- ✦ Government, philanthropic, and non-profit agencies provide seminars, courses and manuals on grantwriting, some of which are specific to their agency or a specific request for proposals.
- ✦ The Foundation Center ([www.fdncenter.org](http://www.fdncenter.org)) provides one-hour free training courses as well as on-line courses through their virtual classroom. Three very useful on-line courses are “An Orientation to Grantseeking”, “Guide to Funding Research” and “Proposal Writing Short Course”. Also helpful are topical reading lists, an on-line bookshelf and a glossary.
- ✦ The Community Tool Box (University of Kansas) includes a tool on grantwriting (<http://ctb.ku.edu/>.)
- ✦ Non-Profit Guides Web site ([www.npguides.org](http://www.npguides.org)) provides grantwriting tools for private and public nonprofit organizations and entities. It includes a 10-point grantwriting guide overview; funding proposal summary and detail; and sample inquiry letter, grant proposal, budget and application; and links to grantmakers.
- ✦ See pages 6-8 of the Resources section for chapter for grantwriting tips and a grantwriting glossary.

HP 2010 is, in part, driving resource allocations for disease prevention and health promotion activities in many sectors, especially federal and state governments. Therefore, applications for funding will need to reference how the proposed activities relate to HP 2010 objectives.

## Who are the Grantmakers?

**Governments:** federal, state, county or local governments receive and disburse public funds through a variety of mechanisms such as grants, cooperative agreements, and contracts. Most funds are for specific focus areas or categorical programs, e.g., MCH, rural health.

**Private Foundations:** non-governmental, non-profit organizations with an endowment that is usually managed by its own trustees or directors. Money for foundation grants is donated from a single source, such as an individual, family, or corporation.



**Corporate Grantmakers:** company-sponsored foundations or private foundations whose assets are derived primarily from the contributions of a for-profit business. Although it may maintain close ties with its parent company, it is an independent organization with its own endowment. Corporate giving programs are grantmaking programs established and administered within a for-profit business organization. Some companies make charitable contributions through both a corporate giving program and a company-sponsored foundation.

**Community Foundations:** similar to private foundations but funds are derived from many donors rather than a single source. Community foundations are usually classified under the tax code as public charities [501(c)(3)] and therefore are subject to different rules and regulations than those that govern private foundations.

**Grantmaking Public Charities:** public foundations that primarily operate grant programs benefiting unrelated organizations or individuals as one of their primary purposes. There is no legal or IRS definition of a public foundation, but such a designation is needed to encompass the growing number of grantmaking institutions.

*Source: Office of Minority Health Resource Center. Funding Guide. June 1998.*

## Identifying Funding Opportunities



Searching for funding either can be viewed as a daunting and frustrating task or as a challenging treasure hunt. Matching your funding needs to the specific funding priorities of various grantmakers is critical.

### Tips for Identifying Funding Opportunities

- ⊕ Take time to research which agencies seem to be the best fit in terms of :
  - ✓ geographic target areas (e.g., national, state, county)
  - ✓ organizational eligibility (e.g., universities, nonprofit organizations, local governments)
  - ✓ topic area (e.g., health, child care, coalition building, tobacco cessation programs)
  - ✓ population age group (e.g., young children, young adults, elders)
  - ✓ ethnic focus (e.g., American Indians in the Northwest, Hispanics in the Southwest, low-income residents in urban areas)
  - ✓ funding resources (e.g., small grants less than \$5,000, \$35,000-50,000 one-year grants for a special project, \$200,000 grants for programs over 3-years.)
- ⊕ Determine if they have set funding cycles (e.g., once per year) or open cycles for unsolicited grants.
- ⊕ Do not go after money that marginally fits your needs just because it is “money” and the grant deadline is in two weeks.
- ⊕ A hastily written proposal that does not exactly meet the funder’s criteria and is “padded” to look like it does is a “red flag” and will not even pass the first round of cursory review.



The next section reviews various agencies and organizations that might provide funding opportunities directly or indirectly related to HP 2010. Most of the federal agencies target statewide or tribal activities unless they have a specific initiative related to community-based demonstration projects or community health center expansion.

## Federal Resources

**Federal Commons** was developed in 2001 in conjunction with the General Services Administration's *Catalog of Federal Domestic Assistance* as a one-stop online access to federal grant information ([www.cfda.gov/federalcommons](http://www.cfda.gov/federalcommons)).

**Federal Register:** Published daily, the Federal Register is the official government publication that announces notices of funding availability (NOFAs) and other official notices. The Federal Register can be accessed online at [www.gpoaccess.gov/fr/index.html](http://www.gpoaccess.gov/fr/index.html)

**GrantsNet:** GrantsNet is an Internet tool created by the Department of Health and Human Services' (DHHS) Office of Grants Management for finding and exchanging information about DHHS and other federal grant programs. GrantsNet serves the general public, the grantee community and grantmakers. It includes information on how to find DHHS grants, current funding opportunities, the application process, standard forms, writing grant proposals and managing grants. It is available online at [www.hhs.gov/grantsnet/roadmap/index.html](http://www.hhs.gov/grantsnet/roadmap/index.html).

**Office of Minority Health Resource Center:** This resource center maintains a database of funding resources that can help support minority health projects and programs. The database lists private and public foundations; pharmaceutical and insurance organizations; journal articles, directories, book; fellowships, scholarships and internships; and federal, state and community resources. Check the Web site at [www.omhrc.gov/omh/fundingdb.htm](http://www.omhrc.gov/omh/fundingdb.htm).

## Centers for Disease Control and Prevention (CDC)

CDC funds many national, state, territorial and tribal activities related to HP 2010. Recent cooperative agreements enhance infrastructure for state/territorial oral health programs, including support for oral health program leadership and additional staff, monitoring oral health behaviors, and evaluating prevention programs. CDC funding has also supported school-based sealant programs, coordinated school health programs, and community water fluoridation. Funding is provided for injury prevention, tobacco use prevention and control, diabetes (and other chronic disease) prevention, and activities related to most of the leading health indicators. CDC funding has also supported and coordinated school health programs, school-based/linked sealant programs and community water fluoridation. The CDC Oral Health Web site provides access to Infrastructure Development Tools, which can be used for planning, designing, implementing and comprehensive evaluation of oral health promotion and disease prevention efforts. In addition, state-by-state reports provide information on current state planning processes and other selected state information (e.g., demographics, infrastructure, workforce, administration and programs). The National Oral Health Surveillance System (NOHSS), available at [www.cdc.gov/nohss](http://www.cdc.gov/nohss), is designed to help public health programs monitor the burden of oral disease, use of the oral health

care delivery system and the status of community water fluoridation on both a state and national level. See the Oral Health Web site at [www.cdc.gov/oralhealth](http://www.cdc.gov/oralhealth).

⊕ **Preventive Health and Health Services (PHHS) Block Grants** are allocated by CDC to give states wide discretion in fund distribution to ensure the best use of resources. States are mandated to show how the funds are aligned with Healthy People Objectives. States also are directed to use the block grants in areas of greatest need, which can mean developing a state plan. Some states use at least some of their PHHS block grant funding for oral health programs. A number of states, including Alabama, Colorado, Maine, Kentucky, Illinois, and West Virginia have used the PHHS Block Grant to fund local initiatives tied to their state objectives. Illinois used some of these funds for a local needs assessment project, including a statewide, computerized data system and training workshops to support local planning. *Making a Difference: The Preventive Health and Health Services Block Grant*, can be accessed online at [http://astho.org/templates/display\\_pub.php?pub\\_id=364](http://astho.org/templates/display_pub.php?pub_id=364).

⊕ CDC's **Prevention Research Centers Program (PRCs)** is a congressionally appropriated cooperative agreement program, which currently supports 26 academic health centers for a 5-year funding cycle. Within each PRC, multidisciplinary faculty from schools of public health and medicine collaborate with faculty from other schools (e.g., dental schools), public health organizations and community members on projects related to specific public health themes. Every center conducts at least one demonstration project with a state or local health department or board of education. In 1993, the program established a supplemental funding mechanism through the creation of Special Interest Projects (commonly referred to as SIPs). Ongoing research projects address a wide range of community health issues, including oral health. Information about the PRCs and links to each PRC Web site are available at [www.cdc.gov/prc](http://www.cdc.gov/prc).

## National Institutes of Health (NIH)

NIH is composed of 27 institutes and centers. The NIH mission is to uncover new knowledge and develop interventions that will lead to better health for everyone. NIH uses grants, cooperative agreements and contract mechanisms for funding. Three of these mechanisms, which are more likely mechanisms for public health projects, are briefly described below. For additional information including funding announcements and the grant application review process use the following Web site: [www.nidcr.nih.gov/Funding](http://www.nidcr.nih.gov/Funding).

### Individual Research Project Grants

R01's support a discrete, specified project performed by an investigator in an area of specific interest and competency.

### Small Research Grants

R03's provide support limited in time and amount for studies in categorical program areas. Generally for preliminary short-term projects. The grants are non-renewable and designed for individuals who have not had previous NIH funding.

### Research Conference Grants

R13's support recipient-sponsored and directed international, national, or regional research meetings, conferences, and workshops.

Individual experts and current research programs in line with your program interests can be identified by accessing the NIH and NIDCR Web sites and searching on the key words. These individuals and programs can facilitate/inform regarding other federal resources.

The NIH Office of Behavioral and Social Sciences Research has launched a monthly email service to announce NIH funding opportunities in social and behavioral sciences. This service is an excellent source for identifying funding. To join the listserv, mail a message to [listserv@list.nih.gov](mailto:listserv@list.nih.gov), asking to SUBSCRIBE BSSR-GUIDE-L [your full name]; note this is case sensitive. Leave the subject line blank.

⊕ **National Institute of Dental and Craniofacial Research (NIDCR):** NIDCR funds basic, clinical and behavioral research of relevance to the HP 2010 objectives, and includes HP 2010 in their grant announcements and Requests for Proposals. Multiple clinical trials are underway in addressing the diseases and conditions highlighted in the HP 2010 oral health objectives, dental caries, periodontal disease, oral cancer, etc. As an example, in 2001 NIDCR initiated two new programs of relevance to the HP 2010 objectives. To address the issue of oral health disparities, NIDCR funded five new Centers for Research to Reduce Oral Health Disparities at the following universities:

- Boston University
  - New York University
  - University of California at San Francisco
  - University of Michigan
  - University of Washington.
- NIDCR will provide approximately \$7 million per year over a seven-year period to support activities of the centers through cooperative agreements. These centers have established relationships with multiple community organizations and are a national resource to individuals interested in pursuing health disparities projects. A key partner in this project is the NIH National Center on Minority Health and Health Disparities.
- Highlights of areas of emphasis in health disparities research and overall research can be accessed online at [www.nidcr.nih.gov/Research/HealthDisparities/default.htm](http://www.nidcr.nih.gov/Research/HealthDisparities/default.htm) and [www.nidcr.nih.gov](http://www.nidcr.nih.gov).
- NIDCR also funded the states of Florida, Michigan, New York, Illinois and North Carolina for three-year grants of about \$100,000 per year to aid in research leading to the development of state models for oral cancer prevention and early detection programs. At the end of the grant period, a subsequent Request for Applications (RFA) will be issued to support the development, implementation and evaluation of interventions promoting oral cancer awareness, prevention and early detection, based on information learned from the first round of research.
- A periodic electronic news letter that highlights new initiatives at NIH and NIDCR can be accessed online at [www.nidcr.nih.gov/NewsAndReports/E-Newsletter/](http://www.nidcr.nih.gov/NewsAndReports/E-Newsletter/). You may also

subscribe to the e-newsletter at <http://list.nih.gov/cgi-bin/wa?SUBED1=nidcr-newsletter&A=1>.

- NIDCR also supports training and career development of investigators in areas of relevance to public health and with a focus on recruiting a more diverse workforce—one of the HP 2010 health objectives in the access chapter. Also, NIDCR is initiating a dental school curriculum and infrastructure program to enhance the profession's capacity to apply science to improve care, and is developing a new program to provide clinical research training to all members of the dental team.

### **Health Resources and Services Administration (HRSA):**

HRSA directs programs that improve the Nation's health by expanding access to quality health care for all. HRSA seeks to assure the availability of comprehensive quality health care to low income, uninsured, isolated, vulnerable and special needs populations, primarily through grant assistance to communities and institutions. HRSA oral health programs promote improved dental health for low income and uninsured children, individuals with special health care needs, and for those individuals unable to access primary oral health care.

Those seeking assistance in developing and enhancing oral health programs should not overlook HRSA's Regional Dental Consultants as a source of expert advice and technical assistance. These individuals can share information on a variety of funding opportunities and potential collaborations, as well as being able to refer prospective applicants to organizations who have submitted successful proposals. A listing of HRSA's Regional Offices, along with a listing of the States served by each office, is available online at [www.hrsa.gov/staff.htm](http://www.hrsa.gov/staff.htm). From the contact numbers listed, callers can ask to be referred to the Regional Dental Consultant.

- ⊕ **The Maternal and Child Health Bureau (MCHB)** distributes Maternal and Child Health Services Block Grants using Title V funds. Title V is a permanently authorized discretionary grant program of the Social Security Act. Money from these block grants is directed toward improving the health of mothers and children. MCHB dental programs tie public health programs together and link public programs with the private sector. Although not often readily apparent, MCHB supports oral health infrastructure, filling gaps and building bridges, which gives other federal, state supported and foundation programs stability. Oral health systems and services frameworks developed in this way allow more visible programs to prosper.

Historically, Title V MCH Block Grants have been the genesis for most state oral public health programs in the country, and continue to be the principal federal program supporting state oral health programs. It is estimated that most of the Federal funds used to operate state oral health programs comes from MCH block grant support to states. This support provides the nation with infrastructure at the state level for population-based prevention programs (e.g., water fluoridation, sealants, etc.) and for direct and enabling oral health services when necessary.

MCHB also funds 1) Special Programs of Regional and National Significance (SPRANS) grants to address special areas of emphasis, including oral health projects and programs; 2) Community-Integrated Service Systems (CISS) projects; 3) the National Maternal and Child Oral Health Resource Center in Arlington VA, and the National MCH Center for Oral Health Policy at Columbia University in New York; 4) a cooperative agreement with the Association of State and Territorial Dental Directors (ASTDD) for training, technical assistance and special projects to support national, state, and local dental public health infrastructure projects; 5) Maternal and Child Health Centers for Leadership in Pediatric Dentistry Education; and 6) Innovative Early Intervention Caries Management Grants.

- ⊕ **The Bureau of Health Professions (BHPr)** grants and cooperative agreements support innovations and targeted expansions in health professions education and training. Emphasis is on increasing the diversity of the health workforce and preparing the health care providers to serve diverse populations and to practice in the nation's 3,000 medically underserved communities. Oral health projects are well represented in the Bureau programs, including grants for residency training in both dental public health and general and pediatric dentistry. Beginning in FY 2001, the Bureau initiated a three-year cooperative program to train primary care medical residents to identify oral health problems in young children.

BHPr programs help to assure access to quality oral health care professionals in all geographic areas and to all segments of society. BHPr puts new oral health research findings into practice, encourages health professionals to serve individuals and communities where the need is greatest, and promotes cultural and ethnic diversity within the oral health professions workforce.

A list of grant programs with competitive cycles planned and their due dates can be found online at [www.hrsa.gov/grants](http://www.hrsa.gov/grants).

- Within the Bureau, the **National Health Service Corps (NHSC)** is increasing its support for oral health services. The NHSC is implementing President Bush's "Blue Print" for expanding health care access. The President proposes expansion of the National Health Service Corps by roughly 30% in FY 2003. As one of HRSA's "presidential initiatives," the NHSC has established national partnerships with the American Dental Association (ADA) and the American Dental Education Association (ADEA) and state leaders to increase the numbers of dedicated oral health professionals who are committed to serving where the needs are the greatest (e.g., Scholarships and Loan Repayment opportunities).
- ⊕ **HRSA's HIV/AIDS Bureau** was formed in August 1997 to consolidate all programs funded under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. The CARE Act funds primary care and support services for individuals living with HIV disease who lack health insurance and financial resources for their care. These programs reach more than 500,000 individuals each year. Training, technical assistance, and demonstration projects are also funded. The Dental Reimbursement Program provides support to dental schools, post-doctoral dental education programs, and dental hygiene programs for non-reimbursed care provided to persons with HIV disease. The new Community-Based Dental Partnership

Program supports collaborative partnerships among accredited dental and dental hygiene education programs and community-based dental providers, both to increase access to oral health care for populations with HIV, and to train additional dental and dental hygiene providers to manage the oral health needs of HIV positive patients. Other Ryan White programs provide support directly to states, territories, and local communities and agencies. Information and tools for grantees are found on the Web site at <http://hab.hrsa.gov/>.

- ⊕ **The Bureau of Primary Health Care (BPHC)** supports community/migrant/school-based and homeless health center programs, and numerous other programs. BPHC's staff assists the general public, funded agencies, Office of Rural Health Policy and Field Offices in understanding application requirements, as well as providing consultation about grants administration, the grants process, and Notice of Grant Award issues.

The President's *Initiative to Expand Health Centers* has a goal to strengthen the health care safety net for those most in need. HRSA plans to expand the community health center program to 1200 new/expanded health center access points and ultimately serve an additional 6 million people. Oral Health is an integral component of the primary health care services provided in community health centers funded by HRSA. Access to oral health care and preventive services is one of HRSA's major priorities as part of the Presidents Initiative.

BPHC has engaged three oral health program strategies integrated within the President's Initiative:

1. establishment of new oral health care capacity in New Start Health Centers and in existing Health Centers that do not have oral health care capacity;
2. expansion of oral health care capacity in existing Health Centers; and
3. improvement in the quality of care and management of oral health care programs in Health Centers.

- ⊕ **The Office of Rural Health Policy (ORHP)** works within government and with the private sector to seek solutions to rural health care problems. In partnership with the DHHS Office of Intergovernmental Affairs, ORHP leads the Secretary's Rural Initiative, a Department-wide effort to improve the lives of 65 million Americans who live in rural areas, where health care and social service programs provide needed support of communities' well-being and represent a significant segment of local economies. In FY 2002 ORHP identified the discrepancies in oral health and access to dental care as one of seven priority issues the Office intended to address in the coming year. More information on ORHP and its grant programs can be found online at [www.ruralhealth.hrsa.gov](http://www.ruralhealth.hrsa.gov).

- ⊕ HRSA relies on the *HRSA Preview* to profile its discretionary programs--broken down by individual bureaus and offices--for each fiscal year. The publication also lists and explains common grant terminology and provides answers to frequently asked questions. The *Preview* is available online at [www.hrsa.gov/grants.htm](http://www.hrsa.gov/grants.htm). An additional source of information is the HRSA Information Center accessible online at [www.ask.hrsa.gov](http://www.ask.hrsa.gov) or via telephone at 1-888-Ask-HRSA. The Center publishes monthly updates of new materials available, including fact sheets on various programs and activities.



## Indian Health Service (IHS):

The IHS provides a comprehensive health services delivery system for American Indians and Alaska Natives (AIAN) with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs. The goal of the IHS is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all AIAN people. The foundation of the IHS is to uphold the Federal Government obligation to promote healthy AIAN individuals, communities and cultures and to honor and protect the inherent sovereign rights of tribes. To accomplish this, the IHS:

- ⊕ Assists Indian tribes in developing their health programs through activities such as health management training, technical assistance, and human resources development;
- ⊕ Facilitates and assists Indian tribes in coordinating health planning, in obtaining and using health resources available through Federal, State, and local programs and in operating comprehensive health care services and health programs.
- ⊕ Provides comprehensive health care services including treatment, preventive and rehabilitative services and development of community sanitation facilities.
- ⊕ Serves as the principal federal advocate in the health field for Indians to ensure comprehensive health services for AIAN people.

Three general areas of effort aimed at achieving HP 2010 objectives are described:

The Indian Health Care Improvement Act requires programmatic reporting on progress toward Healthy People objectives to maintain requested levels of funding. In the budget request process for the past 3 years, tribes identified oral health as one of the top five funding priorities for the IHS. The IHS's Division of Oral Health has made \$1,750,000 available during the past two fiscal years to fund seven Clinical and Preventive Support Centers as demonstration projects for training and technical assistance to dental programs operated by the IHS, tribes and tribal organizations within the various regions. The support centers can choose a number of activities that address any of the 17 oral health objectives contained in HP 2010. Funded Support Centers include:

- ⊕ Inter-tribal Council of Arizona
- ⊕ All Indian Pueblo Council
- ⊕ Northwest Portland Area Indian Health Board
- ⊕ Alaska Native Tribal Health Consortium
- ⊕ Aberdeen Area Indian Health Service
- ⊕ Oklahoma City Area Office/Inter-tribal Health Board
- ⊕ Confederated Salish and Kootenai Tribes of the Flathead Nation in cooperation with the Billings Area Indian Health Service.

Oral Health Promotion/Disease Prevention awards. Each year, the Indian Health Service (IHS) Division of Oral Health awards up to \$20,000 per program, \$100,000 total, to IHS, tribal, and urban programs on a competitive basis for prevention initiatives. Emphasis in the Request for Proposals and on the publicized evaluation form is on fluoridation, access to care, and dental



sealants. During the three years this program has been in existence, 30 initiatives funded through the Division of Oral Health furthered progress toward various HP 2010 objectives.

The IHS Division of Oral Health program objectives drafted in response to the Government Performance Results Act include three general initiatives that foster progress toward meeting or exceeding HP2010 objectives. These objectives are revised each year based on key factors that include immediate past performance, current budget, and constraints brought about by vacancies. In recent years significant increases to access to care and the number of sealants placed have been documented, as well as a limited number of local gains in fluoridation.

### **Centers for Medicare and Medicaid Services (CMMS)**

**CMMS** funds Medicaid and State Child Health Improvement Programs (SCHIP) and provides federal matching funds to state and local health programs. These funds may help finance a new program or coverage for the expansion of an existing one. In some cases these matching funds may reduce the health costs for general fund dollars. Some suggested opportunities for using Medicaid funds for oral health programs include:

- ⊕ Medicaid can pay for case management as a medical service or an administrative activity
- ⊕ Medicaid funds can be linked to Title V monies to cover certain services for children with special health care needs
- ⊕ Local public health early intervention programs and school districts may enroll as Medicaid providers and receive payment for school-based oral health services, as well as some administrative activities related to outreach, enrollment, coordination of services, and referrals.

*Opportunities to Use Medicaid in Support of Oral Health Services* is a valuable document available on the HRSA Web site at [www.hrsa.gov/Medicaidprimer](http://www.hrsa.gov/Medicaidprimer).

## **Congress**

Agency budgets that contain funds for oral health programs and Healthy People projects are dependent on Presidential and Congressional action. Each year a number of bills with oral health implications come before Congress. A good way to track federal legislation that includes potential funding for oral health or HP 2010 activities is through *Thomas Legislative Information on the Internet* at <http://Thomas.loc.gov>.

On October 26, 2002, President Bush signed *Public Law 107-251, the Health Care Safety Net Amendments of 2002*, which reauthorizes the Community Health Center program and the National Health Service Corps, and includes several other provisions significant for oral health and dental care programs.

## Foundations

State and local foundation and corporate opportunities can be accessed on each organization's Web site. Sometimes state agencies, primary care associations or other types of umbrella organizations will track and publicize funding opportunities via newsletters, Web sites or listservs. A few major national foundations include a health focus and periodically fund oral health projects.

### National Foundations and Resources

**Grantmakers in Health (GIH)** is a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the nation's health. Its mission is to foster communication and collaboration among grantmakers and others, and to help strengthen the grantmaking community's knowledge, skills, and effectiveness. Formally launched in 1982, GIH is known today as the professional home for health grantmakers, and a resource for grantmakers and others seeking expertise and information on the field of health philanthropy. Although it does not provide direct funding to programs, it is a useful resource for training and for dissemination of grantmaking information.

GIH generates and disseminates information about health issues and grantmaking strategies that work in health by offering issue-focused forums, workshops, and large annual meetings; publications; continuing education and training; technical assistance; consultation on programmatic and operational issues; and by conducting studies of health philanthropy. Additionally, the organization brokers professional relationships and connects health grantmakers with each other as well as with grantmakers in other fields whose work has important implications for health. It also develops targeted programs and activities, and provides customized services on request to individual funders. Further information is available on the Web site at [www.gih.org](http://www.gih.org).

**The Foundation Center** is a national independent service organization has over 53,000 private, community, and corporate foundations, direct corporate giving programs, and grantmaking public charities in its database with 1700 links to individual grantmaker Web sites, categorized by grantmaker type and listed alphabetically. The Center also provides educational programs and analyzes trends in foundation growth and giving. Regional offices are located in NY City, Atlanta, Cleveland, San Francisco and Washington, DC. Extensive Web site resources can be found online at <http://fdncenter.org>.

**Robert Wood Johnson Foundation's (RWJF)** mission is "to improve the health and health care of all Americans." It is the nation's largest philanthropy devoted exclusively to health and health care. To stay up-to-date about RWJF program developments (new ideas and recent calls for proposals) subscribe to the Foundation's free quarterly newsletter, ADVANCES®, read their annual report, or regularly visit their Web site where all new publications and requests for proposals are posted, along with a number of grantee resources and tools ([www.rwjf.org/index.jsp](http://www.rwjf.org/index.jsp)).

Two recent initiatives have relevance to oral health objectives and programs. *Pipeline, Profession and Practice: Community-Based Dental Education* is a new \$15 million grants program that is designed to help increase access to dental care for underserved populations. Grant funds of approximately \$1.5 million were awarded to each of 10 dental schools for five years to develop community-based clinical programs that provide care to underserved populations and to increase recruitment and retention of low-income and underrepresented minority students. See the RWJF web site for a list of grantees.

RWJF also has approved a new \$6 million national program, *Improving Access to Oral Health*, to test innovative state approaches to improving access to oral health services for Medicaid, SCHIP, and the uninsured. Under this program, 6 state health departments (Arizona, Oregon, Pennsylvania, Rhode Island, South Carolina and Vermont) were awarded three-year grants of up to \$1 million. Grants will support model demonstration projects to test innovative state oral health delivery systems that expand access. This program is managed by the Center for Health Care Strategies located in Lawrenceville, New Jersey.

**W. K. Kellogg Foundation** The mission of the W. K. Kellogg Foundation is "to help people help themselves through the practical application of knowledge and resources to improve their quality of life and that of future generations." The searchable grants database is organized around the W. K. Kellogg Foundation's programming interests. The goal of health programming at the W.K. Kellogg Foundation is to improve the health of people in communities through increased access to integrated, comprehensive health care systems that are organized around public health, prevention, and primary health care, and that are guided, managed, and staffed by a broad range of appropriately prepared personnel. Many of these projects are related to achieving the oral health objectives. For example, Kellogg recently made a grant to ADEA to recruit minorities into dental careers.

The Foundation's health programming goal is supported by five strategies to address current health system challenges. The strategies inform policy makers of needed changes in policy and practice; encourage developing models of comprehensive health care based on reorienting services toward public health, primary care and prevention; expand the health work force so that it is more reflective of the racial, ethnic, cultural and geographic makeup of the populations served; increase access, especially for vulnerable populations; and build the capacity of communities to form active partnerships with institutions. Oral health related grant resources and publications can be viewed by searching on "oral health" on their Web site at [www.wkkf.org](http://www.wkkf.org).

**American Legacy Foundation** is the national, independent public health foundation established by the 1998 tobacco settlement. The Foundation provides up to \$2 million in funds on an annual basis to support unsolicited innovative grants and research demonstration projects that address one or more of Legacy's goals: to reduce youth tobacco use; reduce exposure to second-hand smoke among all ages and populations; increase successful quit rates among all ages and populations. Most of Legacy's grantmaking efforts, however, are through national calls for proposals that provide significant multi-year funding for specific initiatives. See their Web site at [www.americanlegacy.org](http://www.americanlegacy.org).

**Oral Health America, America's Fund for Dental Health** is a national independent nonprofit organization working specifically to improve oral health. Oral Health America particularly focuses on communicating the importance of good oral health and help sponsor national and community-based solutions to unmet oral health care needs. The organization is especially involved in dental sealant programs, Special Olympics, the National Spit Tobacco Education Program, and promoting community coalitions, especially through their Smiles Across America program. Information about Oral Health America programs can be accessed online at: [www.oralhealthamerica.org](http://www.oralhealthamerica.org).

### Conversion Foundations

Conversions of traditional non-profit hospital and health facilities to for-profit status have had a substantial impact on the field of health care delivery and on philanthropy. A number of new foundations have been created from the sale of non-profit assets—many are now among the largest US philanthropies. See the Foundation Center's *Topical Reading List: Health Conversion Foundations—A Resource List* for more information (<http://fdncenter.org/learn/topical/healthco.html>).

Dental insurance companies (e.g., Delta Dental) or managed health care companies (e.g., Blue Cross/Blue Shield; Kaiser Permanente) may be required by their charters or by state or federal law to donate a portion of their revenues to charitable or public service types of projects. For example, Washington Dental Service Foundation (Delta Dental) ([www.deltadentalwa.com/oralhealth/oralhealth.htm](http://www.deltadentalwa.com/oralhealth/oralhealth.htm)) has used revenue to support a variety of oral health activities. In Ohio, Kentucky and Colorado, the Anthem Foundation (BC/BS) has been very supportive of oral health activities. The California Endowment, a Blue Cross/Blue Shield conversion foundation, has given over \$30 million just to oral health activities, including \$15 million for fluoridation.

State and community coalitions will probably be more successful seeking funding from philanthropic organizations that are active in the health care arena in their immediate area or region. Iowa has been able to secure multiple sponsors for its annual “Barnraising” Healthy People conferences, including a grant for \$40,000 from the Wellmark Foundation. Oregon secured funding from organizations such as the Oregon Community Foundation and the Portland Area United Way, by using its benchmarks to focus grantmaking priorities. The Connecticut Health Foundation has funded a number of innovative community-based primary and preventive oral health initiatives. The Foundation commissioned a briefing paper on oral health to help them design a framework for funding and an action plan for the next 3-5 years. See their Web site at [www.cthealth.org](http://www.cthealth.org) for a copy of the briefing paper or examples of funded programs.

### Other Philanthropies

**United Way of America** is a national organization that includes approximately 1,400 community-based United Way organizations. Each is independent, separately incorporated, and governed by local volunteers. United Way partners with various organizations and agencies on specific initiatives. For example, United Way partners with the Bureau of Primary Health Care to expand the number of communities with collaborations working to improve access to health care

and eliminate health disparities. The Mobilization for America's Children® is a call for action by United Way and communities to improve the lives of children, youth and their families. A Birth to Work Agenda was created in 1999 to provide a framework to assist local chapters and their partners to create local and statewide action plans. The various Mobilization initiatives leverage local resources to enhance research-based programs, address systems barriers and mobilize the community. More information about United Way and a list of the community-based partners is available through the Web site at <http://national.unitedway.org>.

**Volunteers in Health Care (VIH)** is a nationwide, non-profit program established in 1997 as a resource for health care providers looking to organize or expand volunteer-led medical and dental services for the uninsured in local communities. Funded by the Robert Wood Johnson Foundation, VIH offers call-in technical assistance, networking and educational opportunities, seed grants, and other services. Their Web site at [www.volunteersinhealthcare.org](http://www.volunteersinhealthcare.org) is an online resource for news, tips, notes from the field, publications, tools, and a list of current grant opportunities.

**Faith-based organizations** play a vital role in community-based health initiatives. For example, Catholic Charities USA is a membership organization based in Alexandria, Virginia. By providing leadership, technical assistance, training, and other resources, the national office enables local agencies to better devote their own resources to serving their communities. Catholic Charities USA promotes innovative strategies that address human needs and social injustices. The national office also advocates for social policies that aim to reduce poverty, improve the lives of children and families, and strengthen communities.

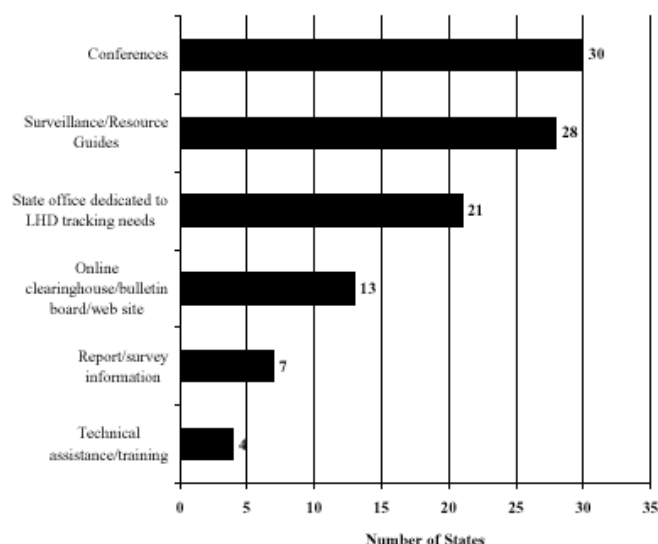
Oral health programs in Kansas have received significant funding from the United Methodist Health Ministry Fund. Their mission is “to be a visible Christian witness of love and concern as we use our resources to minister to those who do not have access to health care; mobilize groups and volunteers to provide health care ministries of healing and wholeness; facilitate health care education and preventive services; and stimulate the development and expansion of innovative programs that improve the delivery of health care.” Information on the funds’s Oral Health Initiative can be found on their Web site ([www.healthfund.org](http://www.healthfund.org)).

## State and Local Government

Just as certain budget priorities and health outcomes are tied to HP 2010 at the federal level, state and local governments are following suit, especially those that rely heavily on federal funding. Existing resources often are being reallocated to address health objectives, such as in Missouri, New Jersey and Wyoming. For example, Wyoming supplemented carryover funds and human resources for planning with some redirection of discretionary funds to oversee some of the HP 2010 priority areas. The Connecticut Department of Health committed funds for staff and production costs for reports. North Carolina established two foundations that provide funds to counties to implement Healthy Carolinians projects. The Office of Healthy Carolinians alerts counties to requests for proposals and other funding opportunities. Vermont did not have a specific budget for either HP 2000 or HP 2010 planning, but their marketing plan generated enough in-kind support and other local resources to create their HP 2010 plan.

The following graph shows the amount and type of support from state government to local health departments for HP 2000 initiatives.

**Fig. 4.1. Number of States that Provided Assistance to Local Health Departments for Year 2000 Initiatives, by Type of Assistance**



Source: Public Health Foundation. *Measuring Health Objectives and Indicators: 1997 State and Local Capacity Survey*. March 1998.

Some branches of state or local government post funding sources on a Web page. For example, the California Rural Health Policy Council Web site includes an extensive list and short descriptions of state, federal, private and other funding sources, with links to each of the organization's Web sites. Ohio's Office of the Attorney General posts funding opportunities.

Oral health activities related to tobacco control can be funded through various state investments. The 2001 CDC publication, *Investment in Tobacco Control* (cited in the Reference list in this chapter and available online at [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)), reports that of the 46 states participating in the Master Settlement against the tobacco industry, 32 appropriated some portions of the settlement dollars specifically for tobacco use prevention and control in FY 2001. Appropriations range from \$460,000 to \$234,000,000, or from \$.10 to \$20.69 per capita. Excise tax revenues also are an important source of funding in eight states (Alaska, Arizona, California, Maryland, Massachusetts, Michigan, Oregon and Utah) and generated significant tax revenue through cigarette taxes ranging from \$.025 to \$1.11 per pack. Forty-five states have an excise tax on smokeless tobacco. In addition, nine states appropriate money from their general revenues to support tobacco prevention and control programs.



## Examples of Successful Funding Strategies

### **African American Health Program-Oral Health Coalition**

The African American Health Program's Oral Health Coalition is an arm of Montgomery County Maryland's larger African American Health Program. The African American Health Program (AAHP) was created in 1999, in collaboration with Montgomery County Department of Health Human Services, to develop strategies for eliminating health disparities in Montgomery County. The primary funding sources are the Montgomery County Maryland Cigarette Restitution Fund and the CDC Oral Prevention Grant.

The AAHP Oral Health Coalition membership is comprised of area dentists, community members, county health department representatives, and community-based organizations. The Coalition's primary mission is to promote the benefits and importance of primary prevention and treatment. In addition, the Coalition focuses on providing a positive influence on the knowledge, attitudes, and practices relating to oral health for all African Americans in the county.

The Oral Cancer Screening Program, funded by the Cigarette Restitution Fund, is a county-wide initiative against oral cancer. The program includes oral cancer prevention, education, screening, diagnosis, and treatment and case management for Montgomery county residents. This program targets low-income, uninsured, and minority populations age 40 years or older with special focus on African American men, who have the highest mortality rates from oral cancer. Education includes a presentation of oral cancer severity, symptoms, risk factors, self-examination, and tobacco or alcohol cessation. In 2003, the program provided over 1500 free oral cancer examinations to Montgomery County residents.

The Coalition has conducted various public education and outreach sessions at county dental facilities, community clinics, churches, health fairs, Montgomery County Adult education sites, mosques, homeless shelters, Housing Opportunities Commission (HOC or Section 8) low-income sites, barbershops, historical African American communities, and churches. The most recent oral health education effort—the "Heads Up" Barbershop Health Education Program, began in May 2003 and targets African American men. The program trains local barbers as health ambassadors to educate their clientele about the importance of oral health and cancer prevention.

In 2003, the Coalition coordinated several provider training sessions that focused on the importance of oral cancer screenings and tobacco cessation. The Coalition also planned a county-wide media campaign that included transit, radio, and print advertising that educated over 40,000 people and increased public awareness about the benefits of oral cancer screenings. In addition, a Web site that will include information on oral health and low-cost dental services available to county residents is under development.

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## Community Hospitals Support Oral Health in New Hampshire

To fulfill NH Community Benefits legislation, 24 hospitals now have to demonstrate that they provide services in their communities to low-income residents. Three hospitals pursued their charitable mission five years before it was mandated.

Lakes Region General Hospital focused on construction of a state-of-the-art eight-chair dental facility to serve low-income residents in the hospital's service area. Although at first the local dentists were opposed to the construction, some now have begun donating their time providing care in the clinic. Dental residents from Tufts University also rotate to provide care. Children in 22 additional schools will be eligible to receive care through a school-linked program. The Dental Center also received some funding from the NH DHHS as well as other small grants.

Concord Hospital created a community health center within the hospital in 1995 in cooperation with the Dartmouth Medical Residency program to train family practitioners. In response to a community needs assessment, a dental clinic was then added through a \$100,000 grant from the NH Community Grants Program. The dental clinic also receives funding from the NH DHHS, and local banks pay for fabrication of full and partial dentures for needy patients.

Exeter Hospital built its Health Reach Children's Dental Center in 2001 to serve insured and uninsured children within the hospital's service area. This is the only hospital-sponsored dental center in NH with a comprehensive payor mix to produce financial sustainability. Local provider response has been fairly positive since they recognize that additional options are needed to treat all children needing preventive and restorative care.

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## Ways to Maintain Resources

It is not enough to be satisfied with securing resources for a coalition for planning your Healthy People 2010 objectives. More extensive resources and thought are required to implement strategies to fulfill your objectives. Short-term and long-term financial plans are important tools to help accomplish your goals and objectives. One of the mistakes that organizations or groups often make is to keep going back to the same individuals or businesses that have given resources in the past. This is effective on a short-term basis, but becomes less so if people become "burned out" or don't see many tangible benefits from their efforts. Thus, it is very important to keep your partners informed of progress being made.

### Tips

- ⊕ Always share baseline and follow-up reports with all partners.
- ⊕ Think of new partners in whom you can generate some enthusiasm for your cause.
- ⊕ Think of "unlikely" partners that you don't normally associate with health care or oral health issues.
- ⊕ Do not just rely on health professionals! Consider parents who have widely different areas of expertise, school children, college students, elders in retirement communities, the clergy.
- ⊕ Give people a choice of resources they can contribute.
- ⊕ Give people a choice of levels of commitment, e.g., "bronze" level sponsor, "silver" level or "gold" level.

Marquette County Health Department Dental program is an example of one program that has continued to build collaborative partnerships since 1993, increasing its budget from \$256,000 to almost \$1.5 million in 2001. Information on the dental program collaborative partnerships and budget during these years is included in the Resources section.

Many people volunteer their services or make donations because it makes them feel good—they believe they are making a difference and a contribution to their community or to society in general. Methods for recognition and appreciation need to be an integral part of your Healthy People 2010 plan. See pages 5-6 of chapter 6 for examples of ways to recognize and sustain enthusiasm in your members and supporters.